

## FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

CHECK ONE:

- ☐ This is an **initial**\* Statement of Organization
- ☒ This is an **amended**\* Statement of Organization

2008 OCT 13 PM 4:09

\* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM

DR-1

(Rev. 06/97)

STATEMENT

OF  
ORGANIZATION

## For Office Use Only

Comm. #

Indexed

Audited

Computer

9075

## COMMITTEE NAME (Required by law)

TAMA COUNTY Republican Central Committee

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

## COMMITTEE TREASURER

(This address used for all reminders and correspondence)

Name

Mark Fetter

Mailing Address

300 B STREET

City, State Zip Code

Toledo Ia 52342

Home Phone ( )

641-484-3731

E-Mail

MARKFETTER@iowatelecom.net

## COMMITTEE CHAIR

(List additional officers on separate page)

Name

Robert Young

Mailing Address

412 Sixth ST

City, State Zip Code

TRAGER Ia 50675

Home Phone ( )

319-478-8134

E-Mail

RobandSally@gmail.com

## INDICATE PURPOSE OF COMMITTEE - Check One Box

- ☒ To support or oppose candidate(s) ☐ To support or oppose ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought:

District:

Political Party (if applicable):

Year Standing for Election:

County/Local Candidates and Local Ballot/Franchise Committees Enter:

Date of Election:

County:

## Bank Account Name

↓ ↓

Tama Co. Republican Central Comm

Name of Financial Institution/Type of Account

State Bank of Toledo

Mailing Address

Box 309

City

State

Zip

Toledo

Ia

52342

Candidate Name & Address or Parent Entity (PACs, if applicable),  
Affiliate, or Sponsor

↓ ↓

Mailing Address

City

State

Zip

Home Phone ( )

Day Phone ( )

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO LOCAL/STATE/NATL POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(3) DONATED TO CHARITABLE ORGANIZATION

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(specify)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

x Mark Fetter  
Signature of Treasurer

x October 13, 2008  
Date Signed

Signature of Candidate or Chairperson (if a PAC)

Date Signed